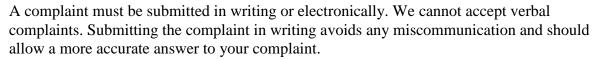
# Filing a Consumer Complaint

The Kentucky Department of Insurance Consumer Protection Division was created to assist consumers with issues related to the insurance industry.

One main function is the handling of consumer complaints. If you are unable to resolve an insurance problem to your satisfaction by contacting the agent, company, etc., you may want to file a complaint with our department.







You may submit your complaint to us by mail or fax, or by using the online complaint form at our website (<a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>) under File a Complaint or Consumer Protection. Please be advised that if you send your complaint electronically, the Department of Insurance cannot guarantee privacy during transmission.

After submission, you will receive written notice that your complaint has been received. The staff member assigned to your case may contact you if she/he has additional questions. Therefore, it is very important that you include your name, address and best daytime telephone number.

If you have questions that aren't covered by this information sheet or if you just want to discuss your case prior to filing a complaint, please contact us at **800-595-6053** (**Option 1**) (KY only) or 502-564-6034. The TDD line for anyone that may be hearing impaired is 800-648-6056.

### Tips for an effective complaint

Your written complaint should include:

- Your name, address and best daytime telephone number. (Please include your street address if your mailing address is a P.O. Box.)
- The type of insurance involved (i.e. homeowners, health, auto, life).
- The company and/or agent involved in your complaint.
- Your policy, claim, ID or group number (include any that apply). If your complaint is related to health insurance, please attach a copy of both sides of your health plan identification card.
- A detailed summary of your complaint, including copies of any related documents. (Please do not send originals.)

Once your written complaint is received, a copy of your complaint will be sent to the company. The company is asked to respond within 15 calendar days. This deadline is strictly enforced and your complaint is monitored to be certain it is being handled in a timely manner. A normal case should be completed within 30 days.

#### Filing a complaint on behalf of another person

If you are not the insured and are filing a complaint on their behalf, please have the insured complete the section on the back page of the complaint form. This authorizes you to act as the insured's representative for the purposes of filing and investigating the complaint. If the insured is unable to complete the section on the complaint form, please furnish a copy of your Power of Attorney or other documentation.

#### **Additional information**

Keep in mind that the Department of Insurance does not have authority over cases involving matters outside its jurisdiction. In those circumstances, you will be referred to the appropriate agency.

Be certain to review your policy carefully. Knowing the specifics of your coverage can avoid problems and complaints.

The Kentucky Department of Insurance will take any appropriate action following the investigation of your case.



# Kentucky Public Protection Cabinet **Department of Insurance**

P.O. Box 517, Frankfort, KY 40602-0517 Toll free (KY only) 800-595-6053 or 502-564-3630 Deaf/hard-of-hearing 800-648-6056 http://insurance.ky.gov/ Printed with state funds on recycled paper



The Kentucky Department of Insurance does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability or veteran status. The cabinet provides, on request, reasonable accommodations necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternate format, contact the Department of Insurance, Communications Office, P.O. Box 517, Frankfort, KY 40602-0517, toll-free (KY only) 800-595-6053 or 502-564-3630. Hearing and speech-impaired persons can contact an agency by using the Kentucky Relay Service, a toll-free telecommunication service. For Voice to TDD call 800-648-6057. For TDD to Voice call 800-648-6056.

June 2012





#### Kentucky Department of Insurance Consumer Protection Division P.O. Box 517, Frankfort, KY 40602-0517 Toll-Free (KY only): 800-595-6053

Consumer Protection: 502-564-6034, Fax: 502-564-6090

# **Consumer Complaint Form**

Are you filing this complaint on behalf of someone else?  ☐ Yes (Please fill out Sections 1, 2, 3 & 4) ☐ No (Please fill out Sections 1, 2 & 3)										
Section 1 General Information										
	Type of insurance involved (Please check one):									
	□Auto □Homeowners		□Life	е □Но	ealth	□Disability	□Commercial □			
	□Workers' Compensation □C			Other, please specify						
	My Complaint is against (please check all that apply):									
	□Insurance c	company $\square$	Agent	□Adjuster	□Oth	er, please speci	fy			
	Are you represented by an attorney?		ey?	□Yes	□No					
	Is this situation	on currently in litiga	ation?	□Yes	□No					
Is this situation currently in litigation? □Yes □No  Section 2 Insured (individual harmed)										
	First Name	First NameMiddle Na		me		_Last Name				
	Address	_ City, State, ZIP code								
	Best phone number where you may be reached:									
	Today's Date: (MM/DD/YY)/									
	Signature (if	filing on your own beha	alf):							
Secti	ion 3 Com	plaint filed ag	<u>ainst</u>							
	Individual's 1	Name (If applicable	)							
	Insurance Company Name									
	Group Number									
	Policy/ID Number									

Agent/Adjuster Name\_\_\_\_\_

Agent/Adjuster Address\_\_\_\_\_

# Section 4 Person completing form on behalf of Insured

First Name	Middle Name	Last Name	
Address	City, State	, ZIP code	
Best phone number wh	nere you may be reached:		
Today's Date: (MM/D	D/YY)/		
Signature:			
If the person you are filing the	his complaint on behalf of is <u>ove</u>	<u>r 18</u> please have them sign below:	
purposes of filing and investigate of Insurance to investigate the understand and acknowledge the individual may obtain, on my bof the investigation, some of water party may include, but is not financial information, nonpublicant of the Consumer Protection authorization does not constitute actual claimant. By signing this	ating my complaint. I authorize the complaint received on my behalf nat by designating the individual national pehalf, any and all documents and in which might otherwise be considered limited to the following: Social State personal health information, median investigation. Additionally, I unter a power of attorney and does not be complainted to the following:	as my authorized representative Consumer Protection Division of the land to respond directly to my represented above as my authorized represent formation which may become knowned confidential. Information released security numbers, personal contact in lical records and any documentation inderstand and acknowledge that this tot allow negotiation with anyone other Department of Insurance from any limitation."	Departmen sentative, the as a result to the third included at third party er than the
Insured Signature	Insured Name (prince)	ted) Date	
		f of Attorney papers or Guardianshi	